

Medication Reconciliation

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Client Name: JNJ

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Allergies: No Known Allergies

Storage of Medication: Client stores at-home medications in original containers in bathroom cabinet above sink.

Keeps medications in original container? Yes

Access issues? Client is overcoming left-sided paralysis post-CVA - able to open bottles, unable to perform injections.

How many providers does this client use? 2

All Medications (prescribed, over-the-counter, herbal, supplements) Client Takes

Drug (Generic)	Trade Name	Dose	Where client obtains med from	Frequency	Intended Use	Patient Use (If Different)	Demonstrates Understanding (Yes or No)
Acetaminophen	Tylenol	325 mg	CVS Pharmacy	PRN q4h	Relief of Pain and Fever	PRN Pain	Yes
Enoxaparin Sodium	Lovenox	40 mg	New England Rehabilitation Hospital of Portland	Once daily (morning) for 7 days	Prevention of clots and emboli formation	Post-CVA, restricted motility	Yes
Ducosate Sodium	Colace	100 mg	CVS Pharmacy	BID (morning, afternoon) for 5 days	Treatment of constipation and decreased intestinal motility	Constipation from medications	Yes
Albuterol	Proventil	90 mcg	CVS Pharmacy	BID prn (morning, evening) usually 4x/week	Bronchospasm in acute or chronic asthma	Chronic Asthma	Yes
Metformin	Glucophage	500 mg	CVS Pharmacy	BID (with breakfast and dinner)	Decreases production and increases uptake of glucose	Type 2 Diabetes Mellitus	Yes
Spironolactone	Aldactone	25 mg	New England Rehabilitation Hospital of Portland	Once daily (morning) for 7 days	Potassium-sparing diuretic	Hypertension and Edema	Yes
Clonazepam	Kloponin	1 mg	CVS Pharmacy	Once daily (morning)	Prevent and control seizures	Anxiety	Yes

Safety Evaluation and Education

After thoroughly reviewing JNJ's complete medication regimen, I have made a few observations that should be brought to attention before administering each medication. Many of the drugs have the potential to interact with one another or a certain condition that JNJ has. The most common were GI tract issues, increased fall risk, and risk for excessive bleeding due to anticoagulant medications.

I have concluded that this client is well educated on the intended uses of each medication, as well as the dosage and timing of most. Since there are many medications in JNJ's daily regimen (26 total), some confusion is understandable. Nevertheless, it is extremely important that this client knows what to expect from each medication, how and when to administer the medication, and what to avoid or note after each medication is taken.

Acetaminophen

Acetaminophen acts directly on the thermoregulatory cells of the hypothalamus to treat mild to moderate pain and fever. JNJ takes 325 mg by mouth as needed every four hours for pain. Since the client's neurological status presented as fully alert and oriented, this patient can be trusted to make their own judgment as to whether or not this medication is necessary every four hours. It is also important to note that some adverse effects of acetaminophen include headache and fever, renal dysfunction, and hemolytic anemia. Hemolytic anemia, specifically, is significant because there are many other drugs and conditions that also have anticoagulant affects, which could further exacerbate bleeding. In addition, JNJ is a fall risk due to her left-

sided paralysis that occurred after a CVA approximately a month prior. If this client were to fall and injure themselves, excessive bleeding would occur.

JNJ was well aware of the intended use of this medication and presented a full understanding of how and when this drug can be administered. Nevertheless, some patient teaching was still necessary after I assessed JNJ's knowledge of acetaminophen. I educated the client about the interaction between acetaminophen and excessive alcohol use, highlighting the fact that this combination is likely to increase the risk of toxicity due to its effects on the liver. I also mentioned that caffeine intake should be decreased due to its CNS stimulating effects. It was also necessary to teach JNJ about the anticoagulant effects of acetaminophen and ways to ensure safety in order to avoid any injury or bleeding events. The client was able to report back all of this information to me and I am confident that they are now aware of all significant aspects of this drug.

Enoxaparin Sodium

JNJ is administered 40 mg of enoxaparin sodium by subcutaneous injection each morning. This regimen is scheduled to be followed for seven days. Enoxaparin sodium is administered to prevent the formation of blood clots and emboli. This is an occurrence that happens more commonly after a cerebrovascular accident and when motility is restricted. JNJ exhibits both of these conditions and clotting needs to be closely monitored. Enoxaparin sodium is also an anticoagulant. Since it is being taken with acetaminophen and this patient is a fall risk, it is important to constantly look for bleeding gums, frequent nose bleeds, unexplained bruising and black or tarry stools. Other significant adverse effects include dizziness, constipation, and

urinary retention. Each of these may pose as a potential safety concern. Dizziness may affect JNJ's already altered state of balance, increasing risk of falls. This drug is most likely producing the client's constipation, which she is taking a medication for, and the urinary retention may be the reason JNJ is also on a diuretic.

Since there are many potentially dangerous side effects from enoxaparin sodium, it is important for the client to understand exactly what they are and how to treat symptoms and prevent injury. After assessing the client's knowledge regarding these topics, they had a very good understanding of things to be looking for and things to avoid while on this medication due to the thorough teaching provided by the New England Rehabilitation Hospital of Portland, where the drug was obtained and administered.

Ducosate Sodium

Ducosate sodium is taken to treat constipation. JNJ is to take 100mg in the morning and afternoon for five days. The main safety concern with ducosate sodium is drug-drug interactions. Since this client is on two medications with anticoagulant effects, a GI tract bleed is potentially a likely scenario. It is extremely important to assess stools regularly and that this medication is stopped immediately if a GI tract bleed occurs.

That being said, it is important to teach the client what to look for in order to catch this as soon as it occurs, such as black or tarry stools. Other important teaching points include other possible means of avoiding constipation, and medication administration. Ducosate sodium should be taken with a full glass of water. It is important that the tablet is not chewed or taken

within one hour of other medications, antacids, or milk. Also, it is beneficial to mention that this drug is taken for a short period of time, and the client should not be dependent on it.

Albuterol

Albuterol is a bronchodilator used to treat airway obstructions caused by the client's chronic asthma. The order reads 90 mcg are taken twice a day, as needed. JNJ usually uses their inhaler approximately four times per week. It is used with caution in patients with diabetes, which is notable because JNJ has type 2 diabetes mellitus. Also, a side effect of albuterol is anxiety, which the client was also diagnosed with, so symptoms of anxiety may be heightened. Restlessness and irritability also may occur with the use of albuterol which may pose as an issue due to the patient's motility restrictions.

Education regarding albuterol was not an issue with JNJ because she has been taking this medication since a young age and was familiar with all of the effects and the response of the medication by her body. I mentioned a few points that may be different than normal due to her current condition, such as the restlessness and irritability.

Metformin

Metformin is an oral diabetes medication that helps to control blood glucose levels. It is taken by JNJ twice a day with breakfast and dinner. Though effective in trending blood glucose levels, there are certain effects of this medication that may be problematic for this client.

Metformin may evoke feelings of dizziness, light-headedness, or weakness. As mentioned previously, JNJ is a fall risk due to her stroke, and this side effect may increase that risk. Patients

taking Metformin also might experience difficulty breathing, which is likely to exacerbate JNJ's asthma.

In educating the client about metformin, it is beneficial to mention the adverse effects that may heighten JNJ's pre-existing symptoms. In the education plan, I would also add that it is important to use this medication as an adjunct to diet and exercise. Although this client is somewhat limited, the physical therapists at the New England Rehabilitation Hospital are still able to work with this patient to improve their conditions. In addition, nutritionists are able to plan out a suitable diet which will support the therapeutic effects of metformin.

Spironolactone

JNJ also receives 25 mg of spironolactone each morning for seven days in total. This medication helps treat hypertension and edema associated with it by increasing the excretion of sodium chloride and water and conserving potassium and hydrogen. Fluid and electrolyte imbalance is imperative to recognize if it occurs. This could effect multiple vital body systems, including some that are already impaired by the client's other conditions and medications. This drug can also cause excessive urination. Since the patient is a fall risk, it is necessary to be able to provide assistance toileting whenever necessary.

Education regarding spironolactone has much to do with keeping track of intake and output. This is how fluid and electrolyte balance is monitored. In addition, daily weights at the same time each morning will be beneficial. If a patient gains three or more pounds in one night, that could be a direct indication of fluid retention. Also, JNJ should avoid foods high in potassium, licorice, and alcohol, since all may interact with spironolactone. Most of this

information is new to JNJ since the medication regimen just began, but they the patient was able to grasp all of these important points without difficulty.

Clonazepam

This medication is indicated to prevent and control seizures, however it was prescribed to this client for the purpose of reducing anxiety. 1 mg is taken once every morning to calm and control the brain and nerves. Lung or breathing problems are listed as a caution of this drug, so JNJ's asthma must be monitored carefully.

When taking clonazepam, it is important to avoid alcoholic beverages and marijuana. It is also important to educate JNJ that driving or operating heavy machinery while taking this medication is advised against, unless in certain circumstances.

References

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